

	FILING FREQUENCY	FORM MO W-3 (REV. 11-99)	MISSOURI DEPT. OF REVENUE TRANSMITTAL OF WAGE AND TAX STATEMENTS
	DUE ON OR BEFORE		
MO TAX I.D. NUMBER	TAX YEAR		
FEIN			
NAME			
STREET ADDRESS			
CITY, STATE, ZIP CODE			
I have direct control, supervision or responsibility for filing this report. Under penalties of perjury, I declare it is a true, accurate and complete report.			
AUTHORIZED SIGNATURE	DATE		
MAIL REPORT TO: Missouri Department of Revenue, P.O. Box 3330, Jefferson City, Missouri 65105-3330.			

1. Total Missouri Income Tax Withheld . . . \$ 00

2. Number of Form W-2(s)/ 1099-R(s) Issued . . . *

DOR USE ONLY
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MO 860-2847 (11-99) (1891)